

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

2/15/88

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
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41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
TOTAL IND.		24		
TOTAL DEP.		10		
TOTAL CLAIMS		10		

TOTAL IND.			
	←	↓	→
TOTAL DEP.			
	←	↓	→
TOTAL CLAIMS			